PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	ES: February 15 to State Superintendent  IPLETE THIS CLAIM FOR STATE REIMBURSEMENT F		Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	ETE THIS CLAIM FOR STATE REIMI	BURSEMENT FOR	R SCHOOL BUS TRANSPORT	ATION:		
This claim	n is for the period beginning	, 20	and ending	, 20		
	month	day	month	day		
CERTIFI	CATION:					
The inform	nation on this form is complete and accurate to th	e best of my knowledge.				
Date	Signature Chair Roar	d of Trustees				

County:			District	:				District Le	evel:	
31 Mine	ral		0577	9577 Alberton K-12 Schools				High S	High School	
	District	Route	•	Miles	Rate			Days	Bus Driver's	
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Operated	Social Security #	
100	2	1		78.4	1.80	84	08/18/04			
100	2	2		45	1.15	56	08/10/04			
100	2	3		62	1.15	54	08/10/04			

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State Reimbursement for
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District	
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DUE
DATES

## **Second Semester First Semester February 1 to County Superintendent** May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20\_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0579 Superior K-12 Schools 31 Mineral **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Inspection Operated Social Security # Percentage # # Capacity 100 3 1 65.4 1.36 66 08/23/04 2 3 100 50.8 1.15 57 08/23/04 100 3 3 59 1.36 08/23/04 66 100 3 4 113.8 1.36 08/23/04 66

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## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

DUE
DATES

		— пен	ila, IVI I	39020-23	U I				
DUE DATES:	rebruary 1 to County Superintendent						May 24 to	Second Semester County Supering State Superinter	tendent
COMPLI	ETE THI	IS CLAIM FO	)R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRAN	NSPORTATION:	
This clain	n is for the	period beginning	g		,	20 and en	nding	<del>,</del>	20
			r	nonth	day		m	onth da	y
CERTIFI	ICATIO	N:							
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.			
Date			Signatur	e, Chair, Board	d of Trustees				
County:			District:					District Lev	vel:
31 Mine	ral		0582	St Regis	K-12 Scho	ools		High So	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1		112	1.57	78	08/23/04		
100	1	2		84.2	0.95	47	08/23/04		

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